

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Parma Public Housing Agency PHA Code: OH073 PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 1/1/2013					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 60 Number of HCV units: 742					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. See 5 year plan – 2010-2014.					
5.1	Mission. See 5 year plan – 2010-2014.					
5.2	Goals and Objectives. See 5 year plan – 2010-2014.					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. See 6.0a					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. N/A					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See 8.1a					
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.					
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A					
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. N/A Submitted with 2010-2014 5 year plan.					
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. N/A Submitted with 2010-2014 5 year plan.					

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>N/A Submitted with 2010-2014 5 year plan.</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> <p>See 11.0a</p>
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6.0a PHA PLAN UPDATE

- (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A
- (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan: The 5-Year and Annual PHA Plan can be obtained at the Parma Public Housing Administrative Offices, Monday-Friday, from 8:40AM to 4:30PM. Our administrative offices are located at 1440 Rockside Road, Suite 306, Parma, Ohio 441314.

8.1A CAPITAL FUND PROGRAM ANNUAL STATEMENT/PERFORMANCE AND EVALUATION REPORT

See attachment f – HUD 50075.1

8.1A CAPITAL FUND PROGRAM FIVE-YEAR ACTION PLAN

See attachment g – HUD 50075.2.

ATTACHMENTS

- a) Form HUD-50077, PHA Certifications of Compliance with the Plans and Related Regulations
- b) Form HUD-50070 – Certification for a Drug-Free Workplace (Capital Fund only)
- c) Form HUD-50071, Certification of Payments to Influence Federal Transactions
- d) SF-LLL, Disclosure of Lobbying Activities (Capital Fund only)
- e) Resident Advisory Board (RAB) comments (all PHAs). Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations;
- f) Form HUD-5077-CR – Civil Rights Certification
- g) Form HUD 5077-SL – Certification of PHA Plan Consistency with the Consolidated Plan.
- h) Form HUD-50075.1 (Capital Fund only - 2013)
- i) Form HUD-50075.2 (Capital Fund only – 5 Year Plan)
- j) OH12S073501-12 Capital Fund Grant Performance and Evaluation Report
OH12P073501-11 Capital Fund Grant Performance and Evaluation Report
OH12P073501-10 Capital Fund Grant Performance and Evaluation Report
OH12P073501-09 Capital Fund Grant Performance and Evaluation Report
OH12P073501-09 AFFA Grant Performance and Evaluation Report
OH12P073501-08 Capital Fund Grant Performance and Evaluation Report
OH12P073501-07 Capital Fund Grant Performance and Evaluation Report
OH12P073501-06 Capital Fund Grant Performance and Evaluation Report
- k) Housing Resolution– Approval of Parma Public Housing Annual Plan
- l) Consolidated Plan
- m) Administrative Plan – Housing Choice Voucher Program
- n) ACOP – Low Income Public housing Program

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 2013 Annual PHA Plan for the PHA fiscal year beginning January 1, 2013 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Parma Public Housing Agency
PHA Name

OH073
PHA Number/HA Code

X Annual PHA Plan for Fiscal Years 2013

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Tim DeGeeter	Mayor, City of Parma
Signature	Date

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Parma Public Housing Agency

Program/Activity Receiving Federal Grant Funding

Housing Choice Voucher Program, Low Income Public Housing Program, Family Self Sufficiency Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Chevybrook Estates - 5617 Chevrolet Blvd, Parma, Ohio 44130
PPHA Administrative Offices 1440 Rockside Road, Suite 306, Parma, Ohio 44134

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Lev Kulchytsky		Title Executive Director	
Signature X		Date	

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

Parma Public Housing Agency

Program/Activity Receiving Federal Grant Funding

Housing Choice Voucher Program, Low Income Public Housing Program, Family Self Sufficiency

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Lev Kulchytsky

Title

Executive Director

Signature

Date (mm/dd/yyyy)

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> NA a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> NA a. bid/offer/application b. initial award c. post-award	3. Report Type: <input type="checkbox"/> NA a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 10	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Parma Public housing Agency 1440 Rockside Road, Suite 306 Parma, Ohio 44134 Congressional District, if known: 10th	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ NA	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>Lev Kulchytsky</u> Title: <u>Executive Director</u> Telephone No.: <u>216-661-2015</u> Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



NOTICE OF PUBLIC HEARING

June 12, 2012 – 2:00PM

The Parma Public Housing Agency will conduct a Public Hearing for all of its proposed amendments to the PHA Streamlined Annual Plan for F/Y 2013.

The meeting will be held at 1440 Rockside Road, Suite 306, Parma Ohio 44134 at 2:00 PM on June 19, 2012. All documents related to the Streamlined Plan are available for review from 8:30 a.m. - 4:30 p.m., Monday through Friday at the PPHA offices, located at 1440 Rockside Road (Suite 306), Parma.



Resident Advisory Board Notes

June 19, 2013 (2:00PM)

RAB MEETING MINUTES

June 19, 2012

Meeting began at 2:00PM pm.

PHA ATTENDEES

Lev Kulchytsky, Executive Director, Parma Public Housing

PRESENT

RESIDENT ADVISORY BOARD MEMBERS

Sierra Kendrick, Housing Choice Voucher Program (Section 8)

PRESENT

Ethel Gardner, Housing Choice Voucher Program (Section 8)

PRESENT

1. Opening Comments by Lev Kulchytsky

2. Questions and Answer period

No questions raised by participants.

3. Recommendations by Resident Advisory Board recommendations

- Tenant indicated that she is having issues with the size of the bedrooms in her unit. She indicated that she has siblings who are the same sex according to HUD rules and must stay in the same bedroom (maximum of two). She stated that when she looks for housing, all she is finding is small bedrooms for the amount of money being offered as the payment standard.
- Tenant indicated that the amount that is the payment standard should be larger to allow the participant to find a unit in a more affluent community where the schools are better and away from the problems of the inner city.
- Tenant indicated that there are a lot of properties that are non-section 8. She indicated that these properties are much nicer than the ones that she is looking at and asked is there a single source database that contains all of the landlords that provide Section 8. Also indicated that it would be nice to be able to rent a unit that is non-Section 8.
- Tenant indicated that the forms are overwhelming to the landlords and several times the landlords take the forms but get overwhelmed by filling them out and end the process of leasing up a Section 8 participant.
- Tenant asked that a streamlined process for forms be utilized for leasing and for the landlord packets to make it easier for the landlords to participate in the program.
- Tenant indicated that many participants struggle to get the security deposit and first month's rent together to be able to lease up a property. Asked that the government help provide the first month's rent and security deposit.
- Participant asked whether we can provide utility checks via direct deposit.

5. What happens now?

Annual Plan Proposal sent to Council.

Lev Kulchytsky entered to review and receive comments on the Streamlined Annual PHA Plan. Provided copies to all participants.

Meeting Adjourned at 3:15PM

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 08/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

PHA Name – Parma Public Housing Agency

PHA Number/HA Code – OH073

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official – Tim DeGeeter	Title: Mayor, City of Parma
Signature	Date

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB# 2577-0226
Expires 08/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Erik Tollerup, the Community Services and Economic Development Director certify that the Five Year and Annual PHA Plan of the Parma Public Housing Agency is consistent with the Consolidated Plan of Cuyahoga County prepared pursuant to 24 CFR Part 91.

Signed / Dated by Appropriate State or Local Official

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2013	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Capital Fund Program Grant No: OH12P073501-13 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies Period Ending:	Total Estimated Cost		Total Actual Cost ¹ Expended
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		13,741		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		6,871		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		8,000		
10	1460 Dwelling Structures		27,000		
11	1465.1 Dwelling Equipment—Nonexpendable		4,000		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		9,095		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part I: Summary		FFY of Grant: 2013 FFY of Grant Approval:	
PHA Name: PARMA PUBLIC HOUSING AGENCY	Grant Type and Number Capital Fund Program Grant No: OH12P075501-13 Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	68,707	
21	Amount of line 20 Related to LBP Activities	68,707	
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages		Federal FFY of Grant: 2013						
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-13 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OH12P073	OPERATIONS	1406		13,741				
OH12P073	ADMINISTRATIVE COSTS RELATED TO IMPROVEMENTS	1410		6,871				
OH12P073	SNOW BLOWER AND ACCESSORIES	1475		4,095				
OH12P073	WATER TANK REPLACEMENT	1465.1		4,000				
OH12P073	WINDOW/ DOOR / SIDING WORK	1460		19,000				
OH12P073	REPLACEMENT FLOORING	1460		8,000				
OH12P073	EXTERIOR ELECTRICAL WORK	1450		6,000				
OH12P073	LANSKAPING/GENERAL SITE IMPROVEMENT	1450		2,000				
OH12P073	LAWN MAINTENANCE EQUIPMENT	1475		5,000				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 08/30/2011

Part I: Summary

PHA Name/Number PARMA PUBLIC HOUSING AGENCY OH12P073		Locality (City/County & State) PARMA, OHIO CUYAHOGA COUNTY		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
Development Number and Name	Work Statement for Year 1 FFY 2013	Work Statement for Year 2 FFY 2014	Work Statement for Year 3 FFY 2015	Work Statement for Year 4 FFY 2016	Work Statement for Year 5 FFY 2017
A. OH12P073 / CHEVYBROOK ESTATES	Annual Statement				
B. Physical Improvements Subtotal					
C. Management Improvements					
D. PHA-Wide Non-dwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations					
H. Demolition					
I. Development					
J. Capital Fund Financing – Debt Service					
K. Total CFP Funds		\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
L. Total Non-CFP Funds					
M. Grand Total					

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/30/2011

Part I: Summary (Continuation)

PHA Name/Number	Work Statement for Year 1 FFY 2013	Locality (City/county & State)	Work Statement for Year 2 FFY 2014	Work Statement for Year 3 FFY 2015	Work Statement for Year 4 FFY 2016	Work Statement for Year 5 FFY 2017
A. OH12P073 / CHEVYBROOK ESTATES	Annual Statement					
OH12P073 / CHEVYBROOK ESTATES						
OH12P073 / CHEVYBROOK ESTATES						
OH12P073 / CHEVYBROOK ESTATES						
OH12P073 / CHEVYBROOK ESTATES						
OH12P073 / CHEVYBROOK ESTATES						
OH12P073 / CHEVYBROOK ESTATES						
OH12P073 / CHEVYBROOK ESTATES						
OH12P073 / CHEVYBROOK ESTATES						
OH12P073 / CHEVYBROOK ESTATES						

Original 5-Year Plan Revision No: 1

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
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Work Statement for Year 1 FFY	Work Statement for Year _____		Work Statement for Year _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)		Work Statement for Year _____		Work Statement for Year: _____	
Work Statement for Year 1 FFY _____	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	
See Annual Statement					
	Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part I: Summary
 PHA Name: PARMA PUBLIC HOUSING AGENCY
 Grant Type and Number: OH12P073501-12
 Capital Fund Program Grant No.: OH12P073501-12
 Replacement Housing Factor Grant No.:
 Date of CFFP:

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: July 24, 2012	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1		Total non-CFP Funds				
2		1406 Operations (may not exceed 20% of line 21) ³	13,741	13,741		
3		1408 Management Improvements				
4		1410 Administration (may not exceed 10% of line 21)	6,871	6,871		
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs				
8		1440 Site Acquisition				
9		1450 Site Improvement	28,000	40,095		
10		1460 Dwelling Structures	13,000	8,000		
11		1465.1 Dwelling Equipment—Nonexpendable	4,000	0		
12		1470 Non-dwelling Structures				
13		1475 Non-dwelling Equipment	3,095	0		
14		1485 Demolition				
15		1492 Moving to Work Demonstration				
16		1495.1 Relocation Costs				
17		1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 8/31/2011

Part I: Summary		FFY of Grant: 2012 FFY of Grant Approval:	
PHA Name: PARMA PUBLIC HOUSING AGENCY	Grant Type and Number Capital Fund Program Grant No: OH12P073501-12 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: July 24, 2012	<input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	68,707	68,707
21	Amount of line 20 Related to LBP Activities	68,707	68,707
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	
7/23/12			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages		Federal FFY of Grant: 2012						
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-12 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OH12P073	OPERATIONS	1406		13,741	13,741			
OH12P073	ADMINISTRATIVE COSTS RELATED TO IMPROVEMENTS	1410		6,871	6,871			
OH12P073	SNOW BLOWER AND ACCESSORIES	1475		3,095	0			
OH12P073	WATER TANK REPLACEMENT	1465.1		4,000	0			
OH12P073	WINDOW / SIDING WORK	1460		5,000	0			
OH12P073	REPLACEMENT FLOORING	1460		8,000	8,000			
OH12P073	EXTERIOR ELECTRICAL WORK	1450		6,000	0			
OH12P073	LANDSCAPING/GENERAL SITE IMPROVEMENT	1450		2,000	0			
OH12P073	SECURITY UPGRADES	1450		20,000	40,095			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages PHA Name:	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant:		Status of Work		
	Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity		Total Estimated Cost	Total Actual Cost
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2011	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Capital Fund Program Grant No: OH12P073501-11		FFY of Grant Approval:	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant	<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: 2)		
	<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: July 24, 2012		<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
			Revised ²		Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	16,040	17,268.49	17,268.49	16,040
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	8,020	8,020	8,020	8,020
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000	12,941.74		
10	1460 Dwelling Structures	16,142	41,971.77	40,200.26	40,200.26
11	1465.1 Dwelling Equipment—Nonexpendable	5,000	0		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000	0		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2011	
PHA Name: PARMA PUBLIC HOUSING AGENCY	Grant Type and Number Capital Fund Program Grant No: OH12F073501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: July 24, 2012 <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
18a	1501 Collateralization of Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	80,202	65,488.75
21	Amount of line 20 Related to LBP Activities	80,202	65,488.75
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
		Date	
		7 / 23 / 12	
		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages		Federal FFY of Grant: 2011						
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-11 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OH12P073	OPERATIONS	1406						
OH12P073	ADMINISTRATIVE COSTS RELATED TO IMPROVEMENTS	1410		16,040	16,040	16,040	16,040	COMPLETE
				8,020	8,020	8,020	8,020	COMPLETE
OH12P073	EXTERIOR ELECTRICAL WORK	1450		5,000	5,000			WIP
OH12P073	LAWN EQUIPMENT	1475		5,000	0			
OH12P073	REPLACEMENT FLOORING	1460		10,000	1,771.51			WIP
OH12P073	SECURITY UPGRADES	1450		25,000	7,941.74			WIP
OH12P073	WATER TANK REPLACEMENT	1465.1		5,000	0			
OH12P073	WINDOW / SIDING WORK	1460		6,142	0			
OH12P073	SPEED BUMP / PARKING LOT SEALING	1450		0	0			
OH12P073	RETROFIT ELECTRICAL BOX INSTALLATION	1460		0	24,750	24,750	24,750	COMPLETE
OH12P073	SOFFIT WORK RELATED TO WEATHERIZATION/FURNACES	1460		0	15,450.26	15,450.26	15,450.26	COMPLETE
OH12P073	LANDSCAPING/LAWN MAINTENANCE EQUIPMENT	1406		0	1,228.49	1,228.49	1,228.49	WIP

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2011
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Capital Fund Program Grant No: OH12P073501-10		FFY of Grant Approval:	
Date of CFFP:		Replacement Housing Factor Grant No:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:5)	
Original Annual Statement		Performance and Evaluation Report for Period Ending: July 24, 2012		Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	19,305	23,075.51	23,075.51	19,305
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	9,652	9,652	9,652	9,652
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	18,870	51,569.36	51,569.36	5352
10	1460 Dwelling Structures	45,500	11,866.77	11,866.77	11,866.77
11	1465.1 Dwelling Equipment—Nonexpendable	3,200	363.36	363.36	363.36
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval:	
PHA Name: PARMA PUBLIC HOUSING AGENCY	Grant Type and Number Capital Fund Program Grant No: OH12P075501-10 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: July 24, 2012		<input type="checkbox"/> Revised Annual Statement (revision no: 5) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	96,527	96,527
21	Amount of line 20 Related to LBP Activities	96,527	96,527
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
		Date	
		7/23/12	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages										
PHA Name: PARMA PUBLIC HOUSING AGENCY			Grant Type and Number Capital Fund Program Grant No: OH12P073501-10 CFPP (Yes/No): Replacement Housing Factor Grant No:					Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
OH12P073	OPERATIONS	1406		19,305	19,305	19,305	19,305	COMPLETE		
OH12P073	ADMINISTRATIVE COSTS RELATED TO IMPROVEMENTS	1410		9,652	9,652	9,652	9,652	COMPLETE		
OH12P073	EXTERIOR ELECTRICAL WORK	1450		18,870	43,345	43,345	4,600	WIP		
OH12P073	SPEED BUMPS/PARKING LOT REPAIRS	1450		0	7559.36	7559.36	752	WIP		
OH12P073	REPLACEMENT FLOORING	1460		44,000	11,866.77	11,866.77	11,866.77	COMPLETE		
OH12P073	LOCK REPLACEMENT	1460		1,500	0	0	0			
OH12P073	WATER TANK REPLACEMENT	1465.1		3,200	0	0	0			
OH12P073	SECURITY CAMERA UPGRADES	1450		0	0	0	0			
OH12P073	LAWN MAINTENANCE EQUIPMENT	1475		0	0	0	0			
OH12P073	STOVE/HOOD RANGE FAN REPLACEMENT	1465.1		0	363.36	363.36	363.36	COMPLETE		
OH12P073	LANDSCAPING/LAWN MAINTENANCE EQUIPMENT	1406		0	3,770.51	3,770.51	0	WIP		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages					Federal FFY of Grant: 2010				
PHA Name: PARMA PUBLIC HOUSING AGENCY			Grant Type and Number Capital Fund Program Grant No: OH12P073501-10 CFFP (Yes/No): Replacement Housing Factor Grant No:		Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised ¹	Funds Obligated ²	Funds Expended ²		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Capital Fund Program Grant No: OH12P073501-09		FFY of Grant Approval:	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	20,000	20,256	20,256	20,256
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	9,744	9,744	9,744	9,744
5	1411 Audit	1,800	1,800	1,800	1,800
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,941	4,684.72	4,684.72	4,684.72
10	1460 Dwelling Structures	55,500	55,774.13	55,774.13	55,774.13
11	1465.1 Dwelling Equipment—Nonexpendable	3,200	5,182.15	5,182.15	5,182.15
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: PARMA PUBLIC HOUSING AGENCY	Grant Type and Number Capital Fund Program Grant No: OH12P073501-09 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHIA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	97,441	97,441
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OH12P073	OPERATIONS	1406		19,488	4,586.74	4,586.74	4,586.74	COMPLETE
OH12P073	UTILITY VEHICLE AND ACCESSORIES/SUPPLIES	1406		0	15,669.26	15,669.26	15,669.26	COMPLETE
OH12P073	REPLACEMENT FLOORING	1460		30,000	52,763.02	52,763.02	52,763.02	COMPLETE
OH12P073	NEW LOCK SYSTEM	1460		0	1,482.90	1,482.90	1,482.90	COMPLETE
OH12P073	SIDING REPAIR	1460		2,509	660	660	660	COMPLETE
OH12P073	WATER TANK REPLACEMENT	1465.1		17,200	2,757.95	2,757.95	2,757.95	COMPLETE
OH12P073	BATHROOM MEDICINE CABINETS	1460		0	544.73	544.73	544.73	COMPLETE
OH12P073	HANDICAP MODIFICATIONS	1460		0	323.48	323.48	323.48	COMPLETE
OH12P073	ELECTRICAL UPGRADES	1465.1		0	235.72	235.72	235.72	COMPLETE
OH12P073	APPLIANCES	1465.1		300	2,194.94	2,194.94	2,194.94	COMPLETE
OH12P073	SECURITY UPGRADES	1450		0	1,930	1,930	1,930	COMPLETE
OH12P073	TRASH RECEPTACLES	1450		0	2,754.72	2,754.72	2,754.72	COMPLETE
OH12P073	ADMINISTRATIVE COSTS RELATED TO IMPROVEMENTS	1410		9,744	9,744	9,744	9,744	COMPLETE

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program
 PHA Name: PARMA PUBLIC HOUSING AGENCY

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2009	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

APRA 2009

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
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Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Capital Fund Program Grant No: OH12S073501-09		FFY of Grant Approval: 2009	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:2)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
		Original			Expended
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	11,477	11,477	11,477	11,477
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	103,302	103,302	103,302	103,302
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

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Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: PARMA PUBLIC HOUSING AGENCY	Grant Type and Number Capital Fund Program Grant No: OH12S073501-09 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant			
Line	Summary by Development Account	Total Actual Cost¹	
		Original	Revised²
			Obligated
			Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	114,779	114,779
21	Amount of line 20 Related to LBP Activities	114,779	114,779
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Part II: Supporting Pages								
PHA Name: PARMA PUBLIC HOUSING AGENCY			Grant Type and Number Capital Fund Program Grant No: OH12S073501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OH12P073	ADMINISTRATIVE COSTS	1406		11,477	11,477	11,477	11,477	COMPLETE
OH12P073	RESURFACING DRIVEWAY	1450		103,302	103,302	103,302	103,302	COMPLETE

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages						Federal FFY of Grant: 2009				
PHA Name: PARMA PUBLIC HOUSING AGENCY			Grant Type and Number Capital Fund Program Grant No: OH12S073501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised ¹	Funds Obligated ²	Funds Expended ²			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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U.S. Department of Housing and Urban Development
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Part I: Summary		Grant Type and Number		FFY of Grant: 2008	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Capital Fund Program Grant No: OH12P073501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant	Original	Revised ²	Obligated	Total Actual Cost ¹	
Line	Summary by Development Account	Total Estimated Cost	Total Estimated Cost	Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	18,138	18,136	18,136	18,136
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	9,067	9,067	9,067	9,067
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	63,472	842	842	842
10	1460 Dwelling Structures	0	54,598	54,598	54,598
11	1465.1 Dwelling Equipment—Nonexpendable	0	7,508	7,508	7,508
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	526	526	526
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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Part I: Summary		FFY of Grant: 2008 FFY of Grant Approval:	
PHA Name: PARMA PUBLIC HOUSING AGENCY	Grant Type and Number Capital Fund Program Grant No: OH12P073501-08 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 4) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	90,677	90,677
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Part II: Supporting Pages											
PHA Name: PARMA PUBLIC HOUSING AGENCY				Grant Type and Number Capital Fund Program Grant No: OH12P073501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work			
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²				
OH12P073	OPERATIONS	1406			18,136	18,136	18,136	18,136	COMPLETE		
OH12P073	ADMINISTRATIVE COSTS RELATED TO IMPROVEMENTS	1410			9,067	9,067	9,067	9,067	COMPLETE		
OH12P073	DRIVEWAY/PARKING LOT REPAIR	1450			357	357	357	357	COMPLETE		
OH12P073	SIDING REPAIRS/REPLACEMENT	1450			485	485	485	485	COMPLETE		
OH12P073	MAINTENANCE EQUIPMENT	1475			526	526	526	526	COMPLETE		
OH12P073	UNIT REPLACEMENT FLOORING	1460			52,720	52,720	52,720	52,720	COMPLETE		
OH12P073	NEW UNIT LOCK SYSTEM	1460			1,482	1,482	1,482	1,482	COMPLETE		
OH12P073	BATHROOM MEDICINE CABINETS	1460			396	396	396	396	COMPLETE		
OH12P073	NEW HOT WATER TANKS	1465.1			6210	6210	6210	6210	COMPLETE		
OH12P073	KITCHEN APPLIANCES	1465.1			1063	1063	1063	1063	COMPLETE		
OH12P073	ELECTRICAL BOX UPGRADE	1465.1			235	235	235	235	COMPLETE		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages		Federal FFY of Grant: 2008							
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-08 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Development Account No.	Quantity	Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

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² To be completed for the Performance and Evaluation Report.

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Part I: Summary		Grant Type and Number		FFY of Grant: 2007	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Capital Fund Program Grant No: OH12P073501-07		FFY of Grant Approval:	
Date of CFFP:		Replacement Housing Factor Grant No:			
Type of Grant	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies				
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line					
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	18,524	18,524	18,524	18,524
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	9,262	9,262	9,262	9,262
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	0	10,436	10,436	10,436
10	1460 Dwelling Structures	61,832	51,396	51,396	51,396
11	1465.1 Dwelling Equipment—Nonexpendable	3,000	2,321	2,321	2,321
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	679	679	679
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

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Part I: Summary		FFY of Grant: 2007 FFY of Grant Approval:	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-07 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
			Obligated
			Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	92,618	92,618
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

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Part II: Supporting Pages		Federal FFY of Grant: 2007				
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-07				
Development Number Name/PHA-Wide Activities		CFFP (Yes/ No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised ¹	
				Funds Obligated ²	Funds Expended ²	
OH12P073	OPERATIONS	1406		18,524	18,524	COMPLETE
OH12P073	ADMINISTRATIVE COSTS RELATED TO IMPROVEMENTS	1410		9,262	9,262	COMPLETE
OH12P073	REMOVE/REPLACE BATHROOM VANITIES/MIRRORS	1460		44,000	1,000	COMPLETE
OH12P073	DOORS - INTERIOR/EXTERIOR	1460		17,832	17,568	COMPLETE
OH12P073	APPLIANCES - STOVES/REFRIGERATORS/VENTS	1465.1		3,000	2321	COMPLETE
OH12P073	MAILBOXES	1450		0	4,676	COMPLETE
OH12P073	FENCE PAINTING	1450		0	5760	COMPLETE
OH12P073	FLOORING REPLACEMENT	1460		0	32,828	COMPLETE
OH12P073	APPLIANCES - WASHING MACHINE	1475		0	679	COMPLETE

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
²To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages										
PHA Name: PARMA PUBLIC HOUSING AGENCY			Grant Type and Number Capital Fund Program Grant No: OH12P073501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part III: Implementation Schedule for Capital Fund Financing Program				
PHA Name: PARMA PUBLIC HOUSING AGENCY				
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date
				Reasons for Revised Target Dates ¹

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Part I: Summary		Grant Type and Number		FFY of Grant: 2006	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Capital Fund Program Grant No: OH12P073501-06 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant		<input type="checkbox"/> Revised Annual Statement (revision no:4)			
<input type="checkbox"/> Original Annual Statement		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 11, 2012					
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
		Revised²		Obligated	
		Original		Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	17836	17836	17836	17836
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	8788	8788	8788	8788
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	13031	13031	13031	13031
10	1460 Dwelling Structures	50826	50826	50826	50826
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Part I: Summary		FFY of Grant: 2006 FFY of Grant Approval:	
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-06 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	90481	90481
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Part II: Supporting Pages		Federal FFY of Grant: 2006						
PHA Name: PARMA PUBLIC HOUSING AGENCY		Grant Type and Number Capital Fund Program Grant No: OH12P073501-06 CFFP (Yes/No):			Replacement Housing Factor Grant No:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OH12P073	OPERATIONS	1406			17836	17836	17836	COMPLETE
OH12P073	ADMINISTRATIVE COSTS RELATED TO IMPROVEMENTS	1410			8788	8788	8788	COMPLETE
OH12P073	CABINETS	1460			2160	2160	2160	COMPLETE
OH12P073	INTERIOR PAINTING	1460			6372	6372	6372	COMPLETE
OH12P073	HOT WATER TANK	1460			1164	1164	1164	COMPLETE
OH12P073	ADA RAMPS	1450			13031	13031	13031	COMPLETE
OH12P073	FLOORING REPLACEMENT	1460			41130	41130	41130	COMPLETE

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages				Federal FFY of Grant: 2006				
PHA Name: PARMA PUBLIC HOUSING AGENCY				Grant Type and Number				
		Capital Fund Program Grant No: OH12P073501-06		CFPP (Yes/No):		Replacement Housing Factor Grant No:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2006	
PHA Name: PARMA PUBLIC HOUSING AGENCY							
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Part III: Implementation Schedule for Capital Fund Financing Program							
PHA Name: PARMA PUBLIC HOUSING AGENCY							
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2006	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date		Original Expenditure End Date	Actual Expenditure End Date		

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